Typed or printed name

| , /  | 2. I  |            | . US  | Patent and Tr      | rademark Office: U   | PTO/SB/21 (09-04)<br>hrough 07/31/2006. OMB 0651-0031<br>I.S. DEPARTMENT OF COMMERCE  |  |  |  |  |  |  |
|--|---|------------|---|--------------------|--|---|--|--|--|--|--|--|
| Under the Par  | Pervork Reduction Act of 1995   | no persons | s are required to respond to a c<br>Application Number  | collection of info | ormation unless it   | displays a valid OMB control number.  |  |  |  |  |  |  |
| /<br>TD  | ANCMITTAL   |            | Filing Date   | 09/621,894         |  |   |  |  |  |  |  |  |
| TRANSMITTAL  |   |            | First Named Inventor  | July 20, 20        |  |   |  |  |  |  |  |  |
| FORM   |   |            | Art Unit  | 2665               | Raymond Bontempi   |   |  |  |  |  |  |  |
|  |   |            | Examiner Name   |                    |  |   |  |  |  |  |  |  |
| (to be used for  | all correspondence after initial  | filing)    |   |                    | man, Daniel J.   |   |  |  |  |  |  |  |
| Total Number of  | Pages in This Submission  | 20         | Attorney Docket Number  | D02149             | D02149   |   |  |  |  |  |  |  |
| ENCLOSURES (Check all that apply)  |   |            |   |                    |  |   |  |  |  |  |  |  |
| Amendme  Af  Af  Af  Extension  Express A  Information  Certified C  Documen  Reply to M Incomplet   | iter Final fidavits/declaration(s) of Time Request Abandonment Request on Disclosure Statement Copy of Priority |            | Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocat  Change of Correspondence  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on C | ion<br>Address     | After A Appea of App Appea (Appea (Appea Proprie Status Other below) | Illowance Communication to TC I Communication to Board eals and Interferences I Communication to TC I Notice, Brief, Reply Brief) etary Information Letter Enclosure(s) (please Identify inent Under 37 CFR 3.73(b) |  |  |  |  |  |  |
|  | SIGNA   | TURE C     | OF APPLICANT, ATT   | ORNEY, C           | R AGENT  |   |  |  |  |  |  |  |
| Firm Name  |   |            |   |                    |  |   |  |  |  |  |  |  |
| Signature  | Psm   | 0. 0       | Onl   |                    |  |   |  |  |  |  |  |  |
| Printed name   | Benjamin D. Driscoll  |            |   |                    |  |   |  |  |  |  |  |  |
| Date August 1, 2005  |   |            |   | Reg. No.           |  |   |  |  |  |  |  |  |
| CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on |   |            |   |                    |  |   |  |  |  |  |  |  |
| Signature  Dwen L. Brenow  |   |            |   |                    |  |   |  |  |  |  |  |  |
| Typed or printed   | Typed or printed name (41124) Red (1)   |            |   |                    |  |   |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| 7>   | ork Reduction Act of                 | 1995 no ner       | sons are required   | n to rest      | nond to a collection                 | of intorr         | nation linles: | VEIDSID II S                                     | s a valin ()     | vin control number |  |  |  |
|--|--------------------------------------|-------------------|---------------------|----------------|--------------------------------------|-------------------|----------------|--|------------------|--------------------|--|--|--|
| Effective on 12/08/2004.   |                                      |                   |                     |                | Complete if Known                    |                   |                |  |                  |                    |  |  |  |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  |                                      |                   |                     |                | Application Number 09/6              |                   |                | 521,894  |                  |                    |  |  |  |
| FEE TRANSMITTAL  |                                      |                   |                     |                | Filing Date                          |                   | July 20, 2000  |  |                  |                    |  |  |  |
| For FY 2005  |                                      |                   |                     |                | First Named Inventor Rayme           |                   |                | ond Bontempi                                     |                  |                    |  |  |  |
|  |                                      | Examiner Name Rym |                     |                | man, Daniel J.                       |                   |                |  |                  |                    |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27  |                                      |                   |                     |                | Art Unit 2665                        |                   |                |  |                  |                    |  |  |  |
| TOTAL AMOUN  | T OF PAYMENT                         | (\$)              | 120                 |                | Attorney Docket                      | No.               | D02149         |  |                  |                    |  |  |  |
| METHOD OF PAYMENT (check all that apply)   |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
|  |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
| Check Credit Card Money Order Other (please identify):   |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
| Deposit Account Deposit Account Number: 502117  Deposit Account Name: Motorola, Inc.   |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee   |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
| Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments   |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
| under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card             |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
| information and authorization on PTO-2038. FEE CALCULATION   |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
|  |                                      | ND EVAN           | INIATION CC         | ГС             | ···                                  |                   |                |  |                  |                    |  |  |  |
| 1. BASIC FILIN   |                                      | ING FEES          |                     |                | CH FEES                              | EXAN              | MINATION       | I FEES   |                  |                    |  |  |  |
| Ammliantian 7  |                                      | Small E           | ntity_              |                | Small Entity                         |                   | Small          | Entity   | For              | es Paid (\$)       |  |  |  |
| Application  | <u>Fee</u> 300                       |                   |                     | <u>ee (\$)</u> | Fee (\$)                             | <u>Fee</u><br>200 |                | <u>(\$)</u>                                      | 1 66             | ss raid (V)        |  |  |  |
| Utility  |                                      | 100               | _                   | 500            | 250                                  |                   |                | _  |                  |                    |  |  |  |
| Design   | 200                                  |                   |                     | 100            | 50                                   | 130               | _              | _  |                  |                    |  |  |  |
| Plant  | 200                                  |                   | _                   | 300            | 150                                  | 160               |                |  |                  |                    |  |  |  |
| Reissue  | 300                                  |                   | _                   | 500            | 250                                  | 600               |                | -  |                  |                    |  |  |  |
| Provisional 2  |                                      | 100               |                     | 0              | 0                                    | (                 | )              | 0  |                  |                    |  |  |  |
| 2. EXCESS CI<br>Fee Description  |                                      |                   |                     |                |                                      |                   | <u> </u>       | ee (\$)  | Small E<br>Fee ( |                    |  |  |  |
|  | over 20 (includi                     | ng Reissue        | es)                 |                |                                      |                   |                | 50   | 25               | 5                  |  |  |  |
| Each indepe  | )                                    |                   |                     |                | 200                                  | 100               |                |  |                  |                    |  |  |  |
| Multiple de  | _                                    |                   |                     |                | 360                                  | 180               |                |  |                  |                    |  |  |  |
|  |                                      |                   |                     |                | e Paid (\$)                          |                   |                | Multiple Dependent Claims Fee (\$) Fee Paid (\$) |                  |                    |  |  |  |
|  | 20 or HP =<br>mber of total claims i | X                 | ater than 20.       |                | <del></del>                          |                   | <u>!</u>       | Fee (\$)   | ree              | Paid (\$)          |  |  |  |
| Indep. Claims  | <u>Extra</u>                         | Claims            | Fee (\$)            | Fee F          | Paid (\$)                            |                   |                |  |                  |                    |  |  |  |
| - 3  | or HP =                              | X                 | =                   |                |                                      |                   |                |  |                  |                    |  |  |  |
| 3. APPLICATION   | nber of independent                  | ciaims paid to    | or, ir greater than | 3.             |                                      |                   |                |  |                  |                    |  |  |  |
| If the specific  | ation and drawi                      | ngs exceed        | l 100 sheets c      | of pape        | er (excluding e                      | lectror           | nically file   | ed seque   | ence or co       | omputer            |  |  |  |
|  | der 37 CFR 1.5                       |                   |                     |                |                                      |                   | r small en     | itity) for                                       | each ad          | ditional 50        |  |  |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
|  |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
| 4. OTHER FEE(S)  Fees Paid (\$)  |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
| Non-English Specification, \$130 fee (no small entity discount)  |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
| Other (e.g., late filing surcharge): Petition for One (1) Month Extention \$120  |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
| SUBMITTED BY   |                                      |                   |                     |                |                                      |                   |                |  |                  |                    |  |  |  |
| Signature  | Ben U                                | Over              |                     | R              | egistration No.<br>Attorney/Agent) 4 | 1,571             |                | Telepho  | one (215) (      | 323-1840           |  |  |  |
| Name (Print/Type)  |                                      | -                 |                     | Date Au        | ugust 1, 20                          | 005               |                |  |                  |                    |  |  |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, form and 150 per 150 pe